

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3508
2. NAME OF OPERATOR Coors Energy Company (303) 278-7030		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 770'FNL, 1059'FEL, NE/4NE/4, Section 9		8. FARM OR LEASE NAME Ute Tribe
14. PERMIT NO. 43-013-30789		9. WELL NO. 2-9
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6008'		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T5S-R3W
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

REPAIRING WELL

☐
☐
☐
☐

SHOOTING OR ACIDIZING

ALTERING CASING

(Other)

ABANDONMENT*

Progress Report ☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

8/28/83 Spudded at 1:00PM 8/28/83 w/Leon Ross rathole rig.

8/29-

9/1/83 Drilling

9/2/83 Ran 10 jts of 8-5/8" 24.00# K55 casing, set at 406', cemented w/350 sks of Class G cement w/2% CaCL, 1/4# celloflakes.

9/3-

9/7/83 WO Olsen drilling rig. MIRU

9/8-

9/17/83 Drilling

9/18/83 TD 6770', ran 166 jts of 5 1/2" 15.50# casing, set at 6782'KB, cemented w/1020 sks of 50/50 pozmix w/3% gel, 5% salt & 100 sks of Halliburton lite.

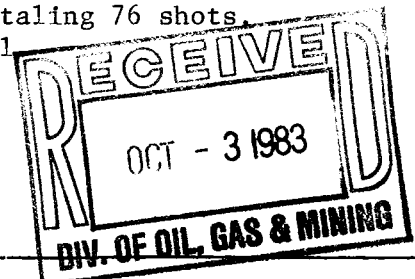
9/19 to

9/24/83 WOCT.

9/25/83 Perf'd 6681-85', 6708-20', 6740-43' w/4 shots/ft, totaling 76 shots.

9/26/83 Fraced w/100,000# of 20/40 sand, 1373 bbls X-link gel

9/27/83 Swabbing.



18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE V.P. Oil/Gas Operations

DATE 9-29-83

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

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13. STATE Utah		

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		Progress report	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

9/28 to
 10/7/83 Swabbing
 10/8/83 RU Wellex, set CIBP at 6500'. Spotted 10 bbls of acid from 6333-6019'.
 Perf'd from 6019-6333' w/32 shots, 0.38", 2 shots/ft.
 10/9/83 RU Halliburton. Broke down w/2400 psi at 18 BPM. Pumped 38,400# of sand
 at 2600 psi to 3700 psi and 911 bbls of X-link gel water.
 10/10 to
 10/13/83 Swabbing

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE V.P. Oil/Gas Operations

DATE

10-14-83

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

2-28-83 IN TRIPLICATE*
Instructions on
(reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3508
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4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 770'FNL, 1059'FEL, Sec. 9, NE/4NE/4		8. FARM OR LEASE NAME Ute Tribal
14. PERMIT NO. 43-013-30789		9. WELL NO. 2-9
15. ELEVATIONS (Show whether DF, ST, OR, etc.) 6008'		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T5S-R3W
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	Progress Report	<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

10/14/83 Swabbing.
10/15/83 Set RBP at 5965', perf'd from 5885-90' w/4 JSPF.
10/17/83 Fraced w/60,000# of 20/40 sand, 28,980 gals X-link gel water
10/18 to
10/20/83 Swabbing.
10/21/83 Pulled RBP.
10/22 to
10/25/83 Hooking up production equipment.

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE

V.P. Oil/Gas Operations

DATE

10-28-83

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

RECEIVED IN UTAH
for instructions on
revised side

-3 1983

SUNDRY NOTICES AND REPORTS ON WELLS

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2. NAME OF OPERATOR Coors Energy Company (303) 278-7030		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe	
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4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 770'FNL, 1059'FEL, Sec. 9, NE/4NE/4		8. FARM OR LEASE NAME Ute Tribal	
14. PERMIT NO. 43-013-30789		9. WELL NO. 2-9	
15. ELEVATIONS (Show whether OF, RT, OR, etc.) 6008'		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T5S-R3W	
		12. COUNTY OR PARISH Duchesne	13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>First Production</u> <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

FIRST DAY OF PRODUCTION: 10/26/83

Started pumping at 1:00PM 10/26/83.

Sales will be made to: Getty Oil Company
PO Box 416
Roosevelt, Utah 84066

This well is presently pump testing.

18. I hereby certify that the foregoing is true and correct

SIGNED R. L. Martin TITLE V.P. Oil/Gas Operations DATE 10-28-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

Page 2 of 2

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.

14-20-H62-3508

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Tribal

9. WELL NO.

2-9

10. FIELD AND POOL, OR WILDCAT

Antelope Creek

11. SEC., T., R., N., OR BLOCK AND SURVEY
OR AREA

Sec. 9, T5S-R3W

12. COUNTY OR
PARISH

Duchesne

13. STATE

Utah

15. DATE SPUDDED

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

18. ELEVATIONS (DP, BBL, RT, OR, ETC.)*

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

21. PLUG, BACK T.D., MD & TVD

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

25. WAS DIRECTIONAL
SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN

27. WAS WELL CORED

28. CASING RECORD (Report all strings set in well)

29. LINER RECORD

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

33. PRODUCTION

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE

DATE

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. REVR. ☐ Other _____

2. NAME OF OPERATOR

Coors Energy Company

(303) 278-7030

3. ADDRESS OF OPERATOR

PO Box 467, Golden, Colorado 80402

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR
PARISH

Duchesne

13. STATE

Utah

15. DATE SPUDDED

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32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

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TITLE

DATE

Perf'd 5885-90' w/4 JSPF totaling
 24 shots, 0.38", 12 gram

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)

5885-90'

AMOUNT AND KIND OF MATERIAL USED

60,000# 20/40 sand, 28,980 gals.

X-link gel water

*(See Instructions and Spaces for Additional Data on Reverse Side)

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

Page 1 of 2

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3508																									
2. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe																									
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14. PERMIT NO. 43-013-30789		10. FIELD AND POOL, OR WILDCAT Antelope Creek																									
DATE ISSUED 7/13/83		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Section 9, T5S-R3W																									
15. DATE SPUDDED 8/28/83		12. COUNTY OR PARISH Duchesne																									
16. DATE T.D. REACHED 9/18/83		13. STATE Utah																									
17. DATE COMPL. (Ready to prod.) 10/26/83		18. ELEVATIONS (DF, REB, RT, OR, ETC.)* 6008'																									
19. TOTAL DEPTH, MD & TVD 6787'		20. ELEV. CASINGHEAD -----																									
21. PLUG BACK T.D., MD & TVD 6500'		22. IF MULTIPLE COMPL., HOW MANY* -----																									
23. INTERVALS DRILLED BY -----		24. ROTARY TOOLS 0-6787'																									
25. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 5885-6333', Lower Green River		26. CABLE TOOLS no																									
27. TYPE ELECTRIC AND OTHER LOGS RUN DIL, CNL, CBL		28. WAS DIRECTIONAL SURVEY MADE no																									
29. CASING RECORD (Report all strings set in well)																											
<table border="1"><thead><tr><th>CASING SIZE</th><th>WEIGHT, LB./FT.</th><th>DEPTH SET (MD)</th><th>HOLE SIZE</th><th>CEMENTING RECORD</th><th>AMOUNT PULLED</th></tr></thead><tbody><tr><td>13-3/8"</td><td>48.00#</td><td>110'</td><td>17-1/2"</td><td>105 sks.</td><td></td></tr><tr><td>8-5/8"</td><td>24.00#</td><td>406'</td><td>12-1/4"</td><td>350 sks.</td><td></td></tr><tr><td>5-1/2"</td><td>15.50#</td><td>6787'</td><td>7-7/8"</td><td>1120 sks.</td><td></td></tr></tbody></table>				CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED	13-3/8"	48.00#	110'	17-1/2"	105 sks.		8-5/8"	24.00#	406'	12-1/4"	350 sks.		5-1/2"	15.50#	6787'	7-7/8"	1120 sks.	
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<table border="1"><thead><tr><th>DATE OF TEST</th><th>HOURS TESTED</th><th>CHOKE SIZE</th><th>PROD'N. FOR TEST PERIOD</th><th>OIL—BBL.</th><th>GAS—MCF.</th><th>WATER—BBL.</th><th>GAS-OIL RATIO</th></tr></thead><tbody><tr><td>12/16/83</td><td>24</td><td></td><td>→</td><td>10</td><td>4</td><td>—</td><td>400</td></tr></tbody></table>				DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	12/16/83	24		→	10	4	—	400								
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO																				
12/16/83	24		→	10	4	—	400																				
<table border="1"><thead><tr><th>FLOW. TUBING PRESS.</th><th>CASING PRESSURE</th><th>CALCULATED 24-HOUR RATE</th><th>OIL—BBL.</th><th>GAS—MCF.</th><th>WATER—BBL.</th><th>OIL GRAVITY-API (CORR.)</th></tr></thead><tbody><tr><td>45</td><td>180</td><td>→</td><td>10</td><td>4</td><td></td><td>38</td></tr></tbody></table>				FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	45	180	→	10	4		38										
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)																					
45	180	→	10	4		38																					
35. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) VENTED																											
36. LIST OF ATTACHMENTS																											
37. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records																											
SIGNED _____ TITLE _____																											

* (See Instructions and Spaces for Additional Data on Reverse Side)

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED
FEB 22 1985
DIVISION OF OIL
GAS & MINING

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Coors Energy Company

3. ADDRESS OF OPERATOR
PO Box 467, Golden, Colorado 80401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
770'FNL, 1059'FEL, Sec. 9, NE/4NE/4

14. PERMIT NO.
43-013-30789

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6008'

5. LEASE DESIGNATION AND SERIAL NO.
14-20-H62-3508

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Ute Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Ute Tribal

9. WELL NO.
2-9

10. FIELD AND POOL, OR WILDCAT
Antelope Creek

11. SEC., T., R., M., OR BLK. AND
SUBST OR AREA
Sec. 9, T5S-R3W

12. COUNTY OR PARISH
Duchesne

13. STATE
Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANN <input type="checkbox"/>	(Other) <u>Progress Report</u> <input type="checkbox"/>	

(Other) ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Re-start up of well Shut in date 6/3/84
Start up date 2/17/85

18. I hereby certify that the foregoing is true and correct

SIGNED

James A. Simonton
James A. Simonton

TITLE Oil/Gas supervisor

DATE

2/20/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

RECEIVED

(Other institutions not)

OCT 11 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe	
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		8. FARM OR LEASE NAME Ute Tribal	
14. PERMIT NO. 43-013-30787		9. WELL NO. 2-9	
15. ELEVATIONS (Show whether of, to, or, etc.)		10. FIELD AND POOL, OR WILDCAT Antelope Creek	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA T5S-R3W, Secs 3-33	
		12. COUNTY OR PARISH Duchesne	
		13. STATE Utah	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE COMPLETED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Our wells located in Antelope Creek Field, Duchesne County, Utah in T5S-R3W, Sections 3-33 were turned into the gas pipeline October 3, 1985.

The following is the list of wells which are now producing gas:

Ute Tribal 1-3, Section 3 ✓	Ute Tribal 2-20, Section 20
" 1-4 " 4 ✓	" 1-21 " 21
" 1-5 " 5 ✓	" 1-28 " 28
" 1-6 " 6 ✓	" 1-29 " 29
" 1-7 " 7 ✓	" 1-30 " 30
" 1-8 " 8 ✓	" 1-31 " 31
" 2-9 " 9 ✓	" 1-32 " 32
" 1-10 " 10	" 1-33 " 33
" 2-7 " 7	" 3-4 " 4
" 3-7 " 7	
" 1-18 " 18	
" 1-15 " 15	
" 1-16 " 16	
" 1-17 " 17	
" 1-19 " 19	
" 1-20 " 20	

Gas sales from the above wells are made to:
Grand Valley Gas Transmission Company
47 West 200 South, Suite 510
Salt Lake City, Utah 84101

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Director, O/G Operations

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

090218

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug
Use "APPLICATION FOR PERMIT—" for such purposes.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3508	
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe	
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME ----	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 770'FNL, 1059'FEL, NE/4NE/4		8. FARM OR LEASE NAME Ute Tribal	
5. PERMIT NO. 43-013-30789		9. WELL NO. 2-9	
10. ELEVATIONS (Show whether OF, BT, GA, etc.) 6008'GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek	
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 9, T5S-R3W	
		12. COUNTY OR PARISH Duchesne	
		13. STATE Utah	

RECEIVED
AUG 29 1986

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	FRACURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Shut in Report	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	<input type="checkbox"/>

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

This well was shut in 4/5/86 due to surface equipment problems.

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE

V.P. O/G Operations

DATE

8-26-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

COMMENTS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SEE INTRUDER AVE.
(Under instructions on
reverse side)

012804

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3508	
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe	
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 770' FNL, 1059' FEL, NE/NE		8. FARM OR LEASE NAME Ute Tribal	
14. PERMIT NO. 43-013-30789		9. WELL NO. 2-9	
15. ELEVATIONS (Show whether DT, ST, OR, etc.) 6008' GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek	
		11. SEC., T., R., M., OR BLM, AND SURVEY OR AREA Sec. 9, T5S-R3W	
		12. COUNTY OR PARISH Duchesne	13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
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☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETS

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

REPAIRING WELL

☐
☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) T&A

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

This well is temporarily abandoned due to low production, effective 11/1/86.

SI STATUS FOR
OOGM RECORDS

Yom
1-27-87

JAN 20 1987

DEPT. OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

18. I hereby certify that the foregoing is true and correct

SIGNED

RL Martin

TITLE V.P. O/G Operations

DATE 1/22/87

R. L. Martin

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

COMMITTEE OF APPROVAL IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SEE IN TRIED VET
(Other instructions on
reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Temporarily abandoned		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3508
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME SOW-GRU Ute Tribe
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. PERMIT AGREEMENT NAME 122111
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 770'FNL, 1059'FEL, NE/NE		8. PERMIT OR LEASE NAME Ute Tribal
5. DIVISION OF OIL, GAS & MINING		9. WELL NO. 2-9
10. FIELD AND POOL, OR WILDCAT Antelope Creek		11. SEC., T., R., M., OR ALN. AND SURVEY OR AREA Sec. 9, T5S-R3W
14. PERMIT NO. 43-013-30789	15. ELEVATIONS (Show whether OF, RT, OR, etc.) 6008' GL	12. COUNTY OR PARISH, STATE Duchesne Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Shut in Report	
(Other)		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

This well is presently temporarily abandoned due to surface equipment problems.

18. I hereby certify that the foregoing is true and correct

SIGNED R. L. Martin TITLE V.P. O/G Operations DATE 12-8-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

COMMENTS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Temporarily abandoned		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3508
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME ----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 770'FNL, 1059'FEL, NE/NE		8. FARM OR LEASE NAME Ute Tribal
10. PERMIT NO. 43-013-30789		9. WELL NO. 2-9
11. DEPTATIONS (Show whether OF, BY, OR, VIA) 6008'GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek
		11. SEC., T., R., M., OR BLM, AND SURVEY OR AREA Sec. 9, T5S-R3W
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

This well is presently temporarily abandoned due to surface equipment problems.

(1) TAS ✓
 (2) RWM ✓
 (3) File

RECEIVED
 MAY 13 1988

DIVISION OF
 OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin
 R. L. Martin

TITLE V.P. O/G Operations

DATE

5-9-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

COMMITTEE OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBJECT IN PROCEEDING
(If multiple forms are
received only)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Temporarily abandoned		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3508
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME ----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 770' FNL, 1059' FEL, NE/NE		8. FARM OR LEASE NAME Ute Tribal
14. PERMIT NO. 43-013-30789		9. WELL NO. 2-9
15. ELEVATIONS (Show whether DT, RT, or GL) 6008' GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek
		11. SEC., T., R., N., OR S.E., AND SUBST OR AREA Sec. 9, T5S-R3W
		12. COUNTY OR PARISH, 13. STATE Duchesne Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Shut in Report</u>	

(NOTE: Report results of multiple completion on Well Completion or Accomplishment Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

This well is presently temporarily abandoned due to surface equipment problems.

18. I hereby certify that the foregoing is true and correct.

SIGNED Larry Campbell TITLE Director, Energy Services DATE 4-5-89
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
COMMENTS OF APPROVAL IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBMIT IN TRIPLED COPY
(Or instructions on
reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Temporarily abandoned		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3508
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT ASSIGNMENT NAME ---
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 770'FNL, 1059'FEL, NE/NE		8. FARM OR LEASE NAME Ute Tribal
14. PERMIT NO. 43-013-30789		9. WELL NO. 2-9
15. ELEVATIONS (Show whether SV, RT, GA, etc.) 6008' GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T5S-R3W
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

FRACTURE TREATMENT

REPAIRING WELL

☐
☐
☐

SHOOTING OR ACIDIZING

ALTERING CASING

(Other)

Shut in Report

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

This well is presently temporarily abandoned due to surface equipment problems.

OIL AND GAS	
DRN	RJF
JRS	GLH
DTS	SLS
1-TAS	
2.	MICROFILM <input checked="" type="checkbox"/>
3.	FILE

18. I hereby certify that the foregoing is true and correct

SIGNED

Larry Campbell

TITLE Director, Energy Services

DATE

12/21/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

COMMITTEE OF APPROVAL, IF ANY:

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS <small>(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)</small>		5. LEASE DESIGNATION & SERIAL NO. 14-20-H62-3508
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Temporarily Abandoned		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe
2. NAME OF OPERATOR Coors Energy Company		7. UNIT AGREEMENT NAME ----
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		8. FARM OR LEASE NAME Ute Tribal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 770' FNL, 1059' FEL, NE/NE At proposed prod. zone same		9. WELL NO. 2-9
14. API NO. 43-013-30789		10. FIELD AND POOL, OR WILDCAT - Antelope Creek
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6008' GL		11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec. 9, T5S-R3W
12. COUNTY Duchesne		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
APPROX. DATE WORK WILL START _____		DATE OF COMPLETION _____	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

* Must be accompanied by a cement verification report.

The Ute Tribal 2-9 well was shut in 4/5/86 due to low production.

To avoid premature abandonment of this well, we will continue to keep the status as "TA" while we evaluate alternative procedures for enhancing production in this area.

18. I hereby certify that the foregoing is true and correct

SIGNED D.S. Sprague

TITLE Manager, Eng/Operations

DATE 1-4-91

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

6. Lease Designation and Serial Number

14-20-H62-3508

7. Indian Allottee or Tribe Name

Ute Tribe

8. Unit or Communitization Agreement

9. Well Name and Number

Ute Tribal 2-9

10. API Well Number

43-013-30789

11. Field and Pool, or Wildcat

Antelope Creek

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill new wells, deepen existing wells, or to reenter plugged and abandoned wells.
Use APPLICATION FOR PERMIT— for such proposals

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other (specify) Well shut in

2. Name of Operator
Coors Energy Company

3. Address of Operator
P.O. Box 467, Golden, Colorado 80402

4. Telephone Number
(303)278-7030

5. Location of Well
 Footage : 770' FNL, 1059' FEL
 QQ, Sec. T., R., M. : Section 9, T5S-R3W, NE/NE
 County : Duchesne
 State : UTAH

12. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

NOTICE OF INTENT
(Submit in Duplicate)

- ☐ Abandonment ☐ New Construction
☐ Casing Repair ☐ Pull or Alter Casing
☐ Change of Plans ☐ Recompletion
☐ Conversion to Injection ☐ Shoot or Acidize
☐ Fracture Treat ☐ Vent or Flare
☐ Multiple Completion ☐ Water Shut-Off
☐ Other _____

Approximate Date Work Will Start _____

SUBSEQUENT REPORT
(Submit Original Form Only)

- ☐ Abandonment * ☐ New Construction
☐ Casing Repair ☐ Pull or Alter Casing
☐ Change of Plans ☐ Shoot or Acidize
☐ Conversion to Injection ☐ Vent or Flare
☐ Fracture Treat ☐ Water Shut-Off
☐ Other ANNUAL STATUS REPORT

Date of Work Completion 1991-1992

Report results of Multiple Completions and Recompletions to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form.

* Must be accompanied by a cement verification report.

13. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

The Ute Tribal 2-9 has been shut in since April of 1986 due to low production. This well is presently being considered for a workover and/or P&A.

RECEIVED

FEB 14 1992

DIVISION OF
OIL GAS & MINING

14. I hereby certify that the foregoing is true and correct

Name & Signature

D. S. Sprague / KR
D. S. Sprague

(State Use Only)

Manager-
Title Engineering/Oper. Date 2/7/92

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, deepen existing wells, or to reenter plugged and abandoned wells.
Use APPLICATION FOR PERMIT TO DRILL OR DEEPEN form for such proposals.

5. Lease Designation and Serial Number:
14-20-H62-3508

6. If Indian, Allocated or Tribe Name:
UTE TRIBAL

7. Unit Agreement Name:
N/A

1. Type of Well: OIL ☒ GAS ☐ OTHER:

8. Well Name and Number:
Ute Tribal 2-9

2. Name of Operator:
PETROGLYPH OPERATING COMPANY, INC.

9. API Well Number:
43-013-30789

3. Address and Telephone Number:

P. O. BOX 1807, Hutchinson, KS 67504-1807

316-665-
8500

10. Field and Pool, or Wildcat:
Antelope Creek Field
Green River Pool

4. Location of Well

Footage: 770' FNL & 1059' FEL

County: DUCHESNE

OO, Sec., T., R., M.: NE NE 9- T5S-R3W, U.S.M.

State: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

NOTICE OF INTENT
(Submit in Duplicate)

- | | |
|--|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Multiple Completion | <input type="checkbox"/> Water Shut-Off |
| <input checked="" type="checkbox"/> Other CHANGE OF OPERATOR | |

Approximate date of change 3-1-94

SUBSEQUENT REPORT
(Submit Original Form Only)

- | | |
|--|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Other | |

Date of work completion

Report results of Multiple Completions and Recompletions to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form.

* Must be accompanied by a cement verification report.

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

change of operator from Evertson Oil Company, Inc. to
Petroglyph Operating Company, Inc. effective 3-1-94

13. PETROGLYPH OPERATING COMPANY, INC.

Name & Signature:

Title: President

Date:

2.25.94

R. A. CHRISTENSEN

(This space for State use only)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	5. Lease Designation and Serial No. 14-20-H62-3508
2. Name of Operator Petroglyph Operating Company, Inc.	6. If Indian, Allottee or Tribe Name Ute Indian Tribe
3. Address and Telephone No. 6209 N. Highway 61 Hutchinson, KS 67502 (316) 665-8500	7. If Unit or CA, Agreement Designation 14-20-H62-4650
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) NENE 770 FNL & 1059 FEL 9-5S-3W	8. Well Name and No. Ute Tribal 2-9
	9. API Well No. 430-13-30789
	10. Field and Pool, or Exploratory Area Antelope Creek
	11. County or Parish, State Duchesne County, UT

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other well name change
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

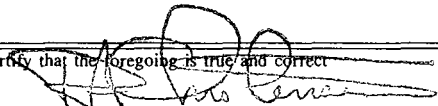
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

In an effort to bring all of the existing wells and the anticipated wells to be drilled into a uniform numbering system, based on 40 acre locations, each well name will be changed to consist of its section location followed by the correct number of its well spot, based upon 16 wells per section.

Petroglyph Operating Company, Inc. would like to notify by subsequent report that the above referenced well name has been changed to **Ute Tribal 09-01**. This will be effective January 1, 1996.

JAN 30 1996

14. I hereby certify that the foregoing is true and correct		
Signed 	Title President	Date 1/25/96
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

1. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER _____		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623507
2. NAME OF OPERATOR: PETROGLYPH		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: UTE TRIBE
3. ADDRESS OF OPERATOR: BOX 607 CITY ROOSEVELT STATE UT ZIP 84066		7. UNIT or CA AGREEMENT NAME:
4. LOCATION OF WELL FOOTAGES AT SURFACE: 770' FNL 1059' FEL		8. WELL NAME and NUMBER: UTE TRIBAL 09-01
QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: NENE 9 5S 3W		9. API NUMBER: 4301330789
COUNTY: DUCHESNE		10. FIELD AND POOL, OR WILDCAT: ANTELOPE CREEK
STATE: UTAH		

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: 10/29/2010	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input checked="" type="checkbox"/> REPERFORATE CURRENT FORMATION
<input type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion:	<input type="checkbox"/> ALTER CASING	<input checked="" type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

THIS WELL IS CURRENTLY IN TA STATUS -ON OR ABOUT 10/29/2010 PETROGLYPH INTENDS TO BEGIN PERF. AND SAND FRAC. UPPER GREEN RIVER ZONES IN THIS WELL: B2@4258'-4164' AND 4176'-4182' AND B6@ 4292'-4297' and B8@ 4436'-4442' AND B10@ 4496'-4506' QND 4510'-4516' AND C1@4644'-4654' AND C3@4702'-4706' AND C5.2@ 4846'-4851' AND C5.3@4884'-4890' AND C6@4943'-4952' AND 4958'-4962' AND C8@5036'-5044' AND C9.2@5094'-5104' AND E1.2@5746'-5750' AND E2.1@ 5772'-5780'. ON OR ABOUT 11/7/2010 THIS WELL WILL BE RETURNED TO PRODUCTION

COPY SENT TO OPERATOR

Date: 9.29.2010

Initials: KS

NAME (PLEASE PRINT) BOYD COOK TITLE RIG REP
SIGNATURE *Boyd Cook* DATE 9/17/2010

(This space for State use only)

Accepted by the
Utah Division of
Oil, Gas and Mining

Federal Approval Of This
Action Is Necessary

RECEIVED

SEP 20 2010

DIV. OF OIL, GAS & MINING

(5/2000)

Date: 9/29/10
By: *D. M. M. M.*
Cause 214-02

(See Instructions on Reverse Side)

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

AMENDED REPORT ☐ FORM 8
(highlight changes)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <u>RECOMPLETE</u>						5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623508			
						6. IF INDIAN, ALLOTTEE OR TRIBE NAME UTE TRIBE			
b. TYPE OF WORK: NEW WELL <input type="checkbox"/> HORIZ. LATS. <input type="checkbox"/> DEEP-EN <input type="checkbox"/> RE-ENTRY <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <u>SET CIBP 5875'</u>						7. UNIT or CA AGREEMENT NAME 1420H624650			
						8. WELL NAME and NUMBER: UTE TRIBAL 9-1			
2. NAME OF OPERATOR: PETROGLYPH						9. API NUMBER: 4301330789			
3. ADDRESS OF OPERATOR: BOX 607 CITY ROOSEVELT STATE UT ZIP 84066					PHONE NUMBER: (435) 722-2531	10. FIELD AND POOL, OR WILDCAT ANTELOPE CREEK			
4. LOCATION OF WELL (FOOTAGES) AT SURFACE: 770' FNL 1059' FEL AT TOP PRODUCING INTERVAL REPORTED BELOW: 770' FNL 1059' FEL AT TOTAL DEPTH: 770' FNL 1059' FEL						11. QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: NENE 9 5S 3W			
						12. COUNTY DUCESNE		13. STATE UTAH	
14. DATE SPUDDED: 8/23/1983		15. DATE T.D. REACHED: 9/18/1983		16. DATE COMPLETED: 10/26/1983 10/26/110		ABANDONED <input type="checkbox"/> READY TO PRODUCE <input checked="" type="checkbox"/>		17. ELEVATIONS (DF, RKB, RT, GL): 6008 GL	
18. TOTAL DEPTH: MD 6,787 TVD 6,787		19. PLUG BACK T.D.: MD 6,500 TVD 6,500		20. IF MULTIPLE COMPLETIONS, HOW MANY? *		21. DEPTH BRIDGE MD 5,875 PLUG SET: TVD 5,875			
22. TYPE ELECTRIC AND OTHER MECHANICAL LOGS RUN (Submit copy of each) SUBMITTED WITH ORIGINAL COMPLETION REPORT 12/21/1983						23. WAS WELL CORED? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (Submit analysis) WAS DST RUN? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (Submit report) DIRECTIONAL SURVEY? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (Submit copy)			
24. CASING AND LINER RECORD (Report all strings set in well)									
HOLE SIZE	SIZE/GRADE	WEIGHT (#/ft.)	TOP (MD)	BOTTOM (MD)	STAGE CEMENTER DEPTH	CEMENT TYPE & NO. OF SACKS	SLURRY VOLUME (BBL)	CEMENT TOP **	AMOUNT PULLED
17.75	13.375 K55	48	0	110		LITE 105	23	0	
12.25	8.625 K55	24	0	406		G 350	70	0	
7.875	5.5 K55	15.5	0	6,787		5050P 1,120	328	2210 CBL	
25. TUBING RECORD									
SIZE	DEPTH SET (MD)	PACKER SET (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2.875	5,161								
26. PRODUCING INTERVALS					27. PERFORATION RECORD				
FORMATION NAME	TOP (MD)	BOTTOM (MD)	TOP (TVD)	BOTTOM (TVD)	INTERVAL (Top/Bot - MD)	SIZE	NO. HOLES	PERFORATION STATUS	
(A) GREEN RIVER	4,293	5,781	4,293	5,781	4,293 4,296	.42	12	Open <input checked="" type="checkbox"/>	Squeezed <input type="checkbox"/>
(B)					4,322 4,326	.42	16	Open <input checked="" type="checkbox"/>	Squeezed <input type="checkbox"/>
(C)					4,436 4,442	.42	24	Open <input checked="" type="checkbox"/>	Squeezed <input type="checkbox"/>
(D)					4,496 4,505	.42	36	Open <input checked="" type="checkbox"/>	Squeezed <input type="checkbox"/>
28. ACID, FRACTURE, TREATMENT, CEMENT SQUEEZE, ETC.									
DEPTH INTERVAL	AMOUNT AND TYPE OF MATERIAL								
4293'-4326'	21,880# OF 1#-5# RAMP 20/40 SAND FRAC W/244 BBLS 15# DELTA 140 W/250 GALS 15% HCL								
4436'-4514'	42,000#@1#-6# RMP & 12,200#@6# SND FRC W/460 BBLS 15# DELTA 140&250 GLS. 15% HCL								
4638'-4704'	38,500#@1#-6# RMP & 11,00#@6# SND FRC W/449 BBLS 15# DELTA 140&250 GLS. 15% HCL								
29. ENCLOSED ATTACHMENTS:								30. WELL STATUS:	
<input type="checkbox"/> ELECTRICAL/MECHANICAL LOGS				<input type="checkbox"/> GEOLOGIC REPORT		<input type="checkbox"/> DST REPORT		<input type="checkbox"/> DIRECTIONAL SURVEY	
<input type="checkbox"/> SUNDRY NOTICE FOR PLUGGING AND CEMENT VERIFICATION				<input type="checkbox"/> CORE ANALYSIS		<input type="checkbox"/> OTHER: _____		POW	

RECEIVED

NOV 29 2010

31. INITIAL PRODUCTION

INTERVAL A (As shown in item #26)

DATE FIRST PRODUCED: 11/18/2010		TEST DATE: 11/20/2010		HOURS TESTED: 14		TEST PRODUCTION RATES: →	OIL – BBL: 47	GAS – MCF: 17	WATER – BBL: 173	PROD. METHOD: ROD PUMP
CHOKE SIZE: 48	TBG. PRESS. 63	CSG. PRESS. 137	API GRAVITY 33.00	BTU – GAS 1	GAS/OIL RATIO 362	24 HR PRODUCTION RATES: →	OIL – BBL: 47	GAS – MCF: 17	WATER – BBL: 173	INTERVAL STATUS: POW

INTERVAL B (As shown in item #26)

DATE FIRST PRODUCED:		TEST DATE:		HOURS TESTED:		TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	INTERVAL STATUS:

INTERVAL C (As shown in item #26)

DATE FIRST PRODUCED:		TEST DATE:		HOURS TESTED:		TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	INTERVAL STATUS:

INTERVAL D (As shown in item #26)

DATE FIRST PRODUCED:		TEST DATE:		HOURS TESTED:		TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	INTERVAL STATUS:

32. DISPOSITION OF GAS (Sold, Used for Fuel, Vented, Etc.)

USED FOR FUEL

33. SUMMARY OF POROUS ZONES (Include Aquifers):

Show all important zones of porosity and contents thereof. Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

34. FORMATION (Log) MARKERS:

Formation	Top (MD)	Bottom (MD)	Descriptions, Contents, etc.	Name	Top (Measured Depth)
				GREEN RIVER PARACHUTE CREEK GARDEN GULCH UPPER DOUGLAS CREEK	1,936 3,316 3,712 4,750

35. ADDITIONAL REMARKS (Include plugging procedure)

SEE ATTACHED DOCUMENT

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

NAME (PLEASE PRINT) BOYD COOKTITLE RIG REP.SIGNATURE DATE 11/22/2010

This report must be submitted within 30 days of

- completing or plugging a new well
- drilling horizontal laterals from an existing well bore
- recompleting to a different producing formation
- reentering a previously plugged and abandoned well
- significantly deepening an existing well bore below the previous bottom-hole depth
- drilling hydrocarbon exploratory holes, such as core samples and stratigraphic tests

* ITEM 20: Show the number of completions if production is measured separately from two or more formations.

** ITEM 24: Cement Top – Show how reported top(s) of cement were determined (circulated (CIR), calculated (CAL), cement bond log (CBL), temperature survey (TS)).

Send to: Utah Division of Oil, Gas and Mining
1594 West North Temple, Suite 1210
Box 145801
Salt Lake City, Utah 84114-5801

Phone: 801-538-5340

Fax: 801-359-3940



UTE TRIBAL 09-01 RECOMPLETION

**CONTINUATION OF OF PERF. INTERVALS AND FRACS.
FORM 8 SEC. 27 & SEC. 28**

GREEN RIVER PERFS. CONT:

4510'-4514'=.42 DIA. 16 HOLES OPEN
4638'-4653'=.42 DIA. 60 HOLES OPEN
4702'-4704'=.42 DIA. 8 HOLES OPEN
4847'-4859'=.42 DIA. 8 HOLES OPEN
4885'-4888'=.42 DIA. 12 HOLES OPEN
4942'-4946'=.42 DIA. 16 HOLES OPEN
4948'-4952'=.42 DIA. 16 HOLES OPEN
4957'-4960'=.42 DIA. 12 HOLES OPEN
5007'-5010'=.42 DIA. 12 HOLES OPEN
5038'-5041'=.42 DIA. 12 HOLES OPEN
5095'-5098'=.42 DIA. 12 HOLES OPEN
5746'-5750'=.42 DIA. 16 HOLES OPEN
5775'-5781'=.42 DIA. 24 HOLES OPEN
ALL ABOVE SHOTS 90 DEGREE PHASING 4 SPF

**ORIGINAL 10/8/93 COMPLETION PERFS. BELOW- NOW PLUGGED BACK
W/CIBP @ 5875' SET 10/28/10 :**

E4.2=5885'-5890' @.38 DIA. 20 HOLES PLUGGED BACK WITH CIBP SET @ 5875'
ON RECOMPLETION 10/28/2010

E7.2=6019'-6022' @.38 DIA. 8 HOLES PLUGGED BACK WITH CIBP SET @ 5875'
ON RECOMPLETION 10/28/2010

BCARB.=6096'-6100' & 6145'-48' & 6154'-56' & 6191'-94' & 6206'-10' & 6246'-49'
@.38 DIA. 48 HOLES PLUGGED BACK WITH CIBP SET @ 5875'
ON RECOMPLETION 10/28/2010

H3=6330'-33' @.38 DIA. 6 HOLES PLUGGED BACK WITH CIBP SET @ 5875'
ON RECOMPLETION 10/28/2010

WASATCH=6681'-85' & 6708'-20' & 6681'-85' @.38 DIA. 76 HOLES PLUGGED
BACK AT ORIGINAL COMPLETION WITH CIBP 6500' SET 9/25/1983

SEC.#28 FRACS. CONT:

4847-4888'=24,400#@ 1#-5# RAMP OF 20/40 SAND FRAC. W/478 BBLS. 15#
DELTA 140 W/250 GALS. 15% HCL

4942-5098'=48,000# @1#-6# RAMP & 16,800# @ 6# OF 20/40 SAND FRAC. W/540
BBLS. 15# DELTA 140 W/250 GALS. 15% HCL

5746'-5781'=500 GALS. 15% HCL & 157 BBLS. 15# DELTA 140 / TOO TIGHT TO
PUMP SAND - DID NOT FRAC.

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS		5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3508
Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute Indian Tribe
1. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER _____		7. UNIT or CA AGREEMENT NAME: 14-20-H62-4650
2. NAME OF OPERATOR: Petroglyph Operating Company		8. WELL NAME and NUMBER: Ute Tribal 09-01
3. ADDRESS OF OPERATOR: P.O. Box 607 CITY Roosevelt STATE UT ZIP 84066		9. API NUMBER: 4301330789
4. LOCATION OF WELL FOOTAGES AT SURFACE: 770' FNL, 1059' FEL		10. FIELD AND POOL, OR WILDCAT: Antelope Creek

COUNTY: **Duchesne**

QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: **NENE 9 5S 3W**

STATE: **UTAH**

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> ALTER CASING <input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> DEEPEN <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> PLUG BACK <input type="checkbox"/> PRODUCTION (START/RESUME) <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	<input checked="" type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> WATER SHUT-OFF <input type="checkbox"/> OTHER: _____
<input checked="" type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: _____			

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

On 10-26-2010 Petroglyph Operating Company Inc. RIH and Perf w/ 3 1/8" Titan perf guns containing 27 gram charges, .42"HED and 35.7" TTP @ 4 spf and 180* phased and perfed the following: Zone 1: E2.1@5,775'-5,781' and 5,546'-5,550'. Zone 2: C9.2@ 5,095'-5,098', C8.2@ 5,038'-5,041', C8.1@ 5,007'-5,010', C6@ 4,957'-4,960', 4,948'-4,952' and 4,942'-4,946'. Zone 3: C5.3@ 4,885'-4,888', C5.2@ 4,847'-4,849'. Zone 4: C3@ 4,702'-4,704', C1@ 4,638'-4,653'. Zone 5: B10.1@ 4,510'-5,514' and 4,496'-4,506', B8.1@ 4,436'-4,442'. Zone 6: B6@ 4,293'-4,296' and 4,322'-4,326'. Isolation plugs were set at the following depths: 5,200', 4,920', 4,750', 4,600' and 4,400'. Zone 1, E2.1@ 5,546'-5,781'(38 hls) was fraced with 311 Bbls of Delta 140 15# gelled fluid containing no sand (formation too tight, could not get desired rate). Zone 2: C9.2, C8.2, C8.1, and C6@ 4,942'-5,098'(80 hls) were fraced with 673 Bbls of Delta 140 15# gelled fluid containing 48,000#'s of 20/40 mesh sand 1-6#ppg ramp and 16,800#'s 20/40 mesh sand 6#ppg hold-100% placed. Zone 3: C5.3 and C5.2@ 4,847'-4,888'(20 hls) were fraced with 615 Bbls of Delta 140 15# gelled fluid containing 1,200#'s scour @ .25# and 23,200#'s 20/40 mesh sand 1-5#ppg ramp-100% placed. Zone 4: C3 and C1@ 4,638-4,704(68 hls) were fraced with 448 Bbls of Delta 140 15# gelled fluid containing 38,500#'s 20/40 mesh sand 1-6#ppg ramp and 11,00#'s 20/40 mesh sand 6#ppg hold-100% placed. Zone 5: B8.1 and B10.1@ 4,436'-4,514'(68 hls) were fraced with 460 Bbls of Delta 140 15# gelled fluid containing 42,300#'s 20/40 mesh sand 1-6#ppg ramp and 12,200#'s 20/40 mesh sand 6#ppg hold-100%placed. Zone 6: B6@ 4,293'-4,326'(28 hls) was fraced with 368 Bbls of Delta 140 15# gelled fluid containg 21,880#'s 20/40 mesh sand 1-5#ppg ramp-100% placed. All isolation plugs were drilled out. Unable to swabb well due to high flowback volume. Ran in tubing and rod pump, put to pump.

NAME (PLEASE PRINT) <u>Les Farnsworth</u>	TITLE <u>District Manager</u>	
SIGNATURE	DATE <u>10/12/2011</u>	RECEIVED

(This space for State use only)


OCT 12 2011

DIV OF OIL, GAS & MINING

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 3

AMENDED REPORT ☐

APPLICATION FOR PERMIT TO DRILL						1. WELL NAME and NUMBER Ute Tribal 09-02					
2. TYPE OF WORK DRILL NEW WELL <input checked="" type="checkbox"/> REENTER P&A WELL <input type="checkbox"/> DEEPEN WELL <input type="checkbox"/>						3. FIELD OR WILDCAT ANTELOPE CREEK					
4. TYPE OF WELL Oil Well Coalbed Methane Well: NO						5. UNIT or COMMUNITIZATION AGREEMENT NAME ANTELOPE CREEK					
6. NAME OF OPERATOR PETROGLYPH OPERATING CO						7. OPERATOR PHONE 208 685-7674					
8. ADDRESS OF OPERATOR 960 Broadway Ave, Ste 500, Bosie, ID, 83703						9. OPERATOR E-MAIL bwest@pgei.com					
10. MINERAL LEASE NUMBER (FEDERAL, INDIAN, OR STATE) 14-20-H62-3508			11. MINERAL OWNERSHIP FEDERAL <input type="checkbox"/> INDIAN <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>			12. SURFACE OWNERSHIP FEDERAL <input type="checkbox"/> INDIAN <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>					
13. NAME OF SURFACE OWNER (if box 12 = 'fee')						14. SURFACE OWNER PHONE (if box 12 = 'fee')					
15. ADDRESS OF SURFACE OWNER (if box 12 = 'fee')						16. SURFACE OWNER E-MAIL (if box 12 = 'fee')					
17. INDIAN ALLOTTEE OR TRIBE NAME (if box 12 = 'INDIAN') Ute Indian Tribe			18. INTEND TO COMMINGLE PRODUCTION FROM MULTIPLE FORMATIONS YES <input type="checkbox"/> (Submit Commingling Application) NO <input checked="" type="checkbox"/>			19. SLANT VERTICAL <input checked="" type="checkbox"/> DIRECTIONAL <input type="checkbox"/> HORIZONTAL <input type="checkbox"/>					
20. LOCATION OF WELL		FOOTAGES		QTR-QTR	SECTION	TOWNSHIP		RANGE	MERIDIAN		
LOCATION AT SURFACE		666 FNL 2176 FEL		NWNE	9	5.0 S		3.0 W	U		
Top of Uppermost Producing Zone		666 FNL 2176 FEL		NWNE	9	5.0 S		3.0 W	U		
At Total Depth		666 FNL 2176 FEL		NWNE	9	5.0 S		3.0 W	U		
21. COUNTY DUCHESNE			22. DISTANCE TO NEAREST LEASE LINE (Feet) 666			23. NUMBER OF ACRES IN DRILLING UNIT 640					
			25. DISTANCE TO NEAREST WELL IN SAME POOL (Approved For Drilling or Completed) 1121			26. PROPOSED DEPTH MD: 6506 TVD: 6506					
27. ELEVATION - GROUND LEVEL 6063			28. BOND NUMBER LP4138153			29. SOURCE OF DRILLING WATER / WATER RIGHTS APPROVAL NUMBER IF APPLICABLE 43-8342					
Hole, Casing, and Cement Information											
String	Hole Size	Casing Size	Length	Weight	Grade & Thread	Max Mud Wt.	Cement	Sacks	Yield	Weight	
Cond	20	14	0 - 55	5.0	Unknown	10.0	Class G	25	1.17	15.8	
Surf	12.25	8.625	0 - 495	24.0	J-55 ST&C	10.0	Class G	227	1.17	15.8	
Prod	7.875	5.5	0 - 6506	15.5	J-55 LT&C	10.0	Class G	487	1.92	12.5	
							Class G	364	1.46	13.4	
ATTACHMENTS											
VERIFY THE FOLLOWING ARE ATTACHED IN ACCORDANCE WITH THE UTAH OIL AND GAS CONSERVATION GENERAL RULES											
<input checked="" type="checkbox"/> WELL PLAT OR MAP PREPARED BY LICENSED SURVEYOR OR ENGINEER					<input checked="" type="checkbox"/> COMPLETE DRILLING PLAN						
<input type="checkbox"/> AFFIDAVIT OF STATUS OF SURFACE OWNER AGREEMENT (IF FEE SURFACE)					<input type="checkbox"/> FORM 5. IF OPERATOR IS OTHER THAN THE LEASE OWNER						
<input type="checkbox"/> DIRECTIONAL SURVEY PLAN (IF DIRECTIONALLY OR HORIZONTALLY DRILLED)					<input checked="" type="checkbox"/> TOPOGRAPHICAL MAP						
NAME Ed Trotter				TITLE Agent			PHONE 435 789-4120				
SIGNATURE				DATE 07/02/2012			EMAIL edtrotter@easilink.com				
API NUMBER ASSIGNED 43013515270000				APPROVAL  Permit Manager							

RECEIVED: July 02, 2012

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3508
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute In
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500, Bosie, ID, 83703		8. WELL NAME and NUMBER: UTE TRIBAL 09-02
4. LOCATION OF WELL FOOTAGES AT SURFACE: 0666 FNL 2176 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWNE Section: 09 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013515270000
9. FIELD and POOL or WILDCAT: ANTELOPE CREEK		COUNTY: DUCHESNE
STATE: UTAH		

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> CASING REPAIR	
<input type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion:	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> CHANGE WELL NAME	
<input checked="" type="checkbox"/> SPUD REPORT Date of Spud: 11/29/2012	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> CONVERT WELL TYPE	
<input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> NEW CONSTRUCTION	
	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> PLUG BACK	
	<input type="checkbox"/> PRODUCTION START OR RESUME	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION	
	<input type="checkbox"/> REPERFORATE CURRENT FORMATION	<input type="checkbox"/> SIDETRACK TO REPAIR WELL	<input type="checkbox"/> TEMPORARY ABANDON	
	<input type="checkbox"/> TUBING REPAIR	<input type="checkbox"/> VENT OR FLARE	<input type="checkbox"/> WATER DISPOSAL	
	<input type="checkbox"/> WATER SHUTOFF	<input type="checkbox"/> SI TA STATUS EXTENSION	<input type="checkbox"/> APD EXTENSION	
	<input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> OTHER	OTHER: <input style="width: 100px;" type="text"/>	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.
 This well was spud on 11/29/2012. We set 40' of 16" Conductor.

Accepted by the
 Utah Division of
 Oil, Gas and Mining
FOR RECORD ONLY
 December 05, 2012

NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc
SIGNATURE N/A	DATE 12/5/2012	

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3508
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute In
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500, Bosie, ID, 83703		8. WELL NAME and NUMBER: UTE TRIBAL 09-02
4. LOCATION OF WELL FOOTAGES AT SURFACE: 0666 FNL 2176 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWNE Section: 09 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013515270000
9. FIELD and POOL or WILDCAT: ANTELOPE CREEK		COUNTY: DUCHESNE
STATE: UTAH		

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> NOTICE OF INTENT Approximate date work will start: 1/20/2013	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input style="width: 100px;" type="text"/>
<input type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion:			
<input type="checkbox"/> SPUD REPORT Date of Spud:			
<input type="checkbox"/> DRILLING REPORT Report Date:			

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

On or around 1/20/2013, depending on equipment availability, Petroglyph Operating intends to perforate and fracture treat the following: 4428-30, 4457-59, 4469-76, 4503-06, 4575-90, 4595-99, 4763-69, 4830-38, 4974-82, 5012-14, 5762-68, 5792-5800, 5824-28, 5836-42, 5868-76, 5882-92, 5931-38, 6007-10, 6020-25, 6068-72, 6089-91 & 6100-04. All perforations will be made using Titan 3-1/8" perf guns containing 22.7 gram charges, 0.42" EHD, 23.54" TTP @ 4 spf @ 120* phased. We will frac using Delta 140 15# gelled fluid containing 20/40 mesh sand, volumes and amounts will be reported at a later date.

Accepted by the
Utah Division of
Oil, Gas and Mining

Date: January 16, 2013

By: *Derek Quist*

NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc
SIGNATURE N/A	DATE 1/16/2013	

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3508
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute In
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500 , Boise, ID, 83703		8. WELL NAME and NUMBER: UTE TRIBAL 09-02
4. LOCATION OF WELL FOOTAGES AT SURFACE: 0666 FNL 2176 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWNE Section: 09 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013515270000
9. FIELD and POOL or WILDCAT: ANTELOPE CREEK		COUNTY: DUCHESNE
STATE: UTAH		

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION	OTHER: <input style="width: 100px;" type="text"/>
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 2/9/2013	<input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION			
<input type="checkbox"/> SPUD REPORT Date of Spud:				
<input type="checkbox"/> DRILLING REPORT Report Date:				

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

The date of first production for this well was 2/9/13.

Accepted by the
Utah Division of
Oil, Gas and Mining
FOR RECORD ONLY
 February 19, 2013

NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc
SIGNATURE N/A	DATE 2/14/2013	

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3508
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute In
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500, Boise, ID, 83703		8. WELL NAME and NUMBER: UTE TRIBAL 09-02
4. LOCATION OF WELL FOOTAGES AT SURFACE: 0666 FNL 2176 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWNE Section: 09 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013515270000
9. FIELD and POOL or WILDCAT: ANTELOPE CREEK		COUNTY: DUCHESNE
STATE: UTAH		

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION	<input type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 2/13/2013
<input type="checkbox"/> SPUD REPORT Date of Spud:	OTHER: <input style="width: 100px;" type="text"/>			
<input type="checkbox"/> DRILLING REPORT Report Date:				

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Please see attached form.

**Accepted by the
 Utah Division of
 Oil, Gas and Mining
 FOR RECORD ONLY
 May 01, 2013**

NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc
SIGNATURE N/A	DATE 4/22/2013	

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS <small>Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.</small>		5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3508
1. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute Indian Tribe
2. NAME OF OPERATOR: Petroglyph Operating Company Inc.		7. UNIT or CA AGREEMENT NAME: 14-20-H62-4650
3. ADDRESS OF OPERATOR: P.O. Box 607 CITY Roosevelt STATE UT ZIP 84066		8. WELL NAME and NUMBER: Ute Tribal 09-02
4. LOCATION OF WELL FOOTAGES AT SURFACE: 666' FNL, 2176' FEL		9. API NUMBER: 4301351527
QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: NWNE 9 5S 3W U		10. FIELD AND POOL, OR WILDCAT: Antelope Creek
COUNTY: Duchesne		STATE: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT <small>(Submit in Duplicate)</small> Approximate date work will start: _____	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> ALTER CASING <input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> DEEPEN <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> PLUG BACK <input type="checkbox"/> PRODUCTION (START/RESUME) <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	<input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> WATER SHUT-OFF <input type="checkbox"/> OTHER: _____
<input checked="" type="checkbox"/> SUBSEQUENT REPORT <small>(Submit Original Form Only)</small> Date of work completion: 2/13/2013			

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

On 1/16/2013 Petroglyph Operating ran GR/CBL and found ETOC @ Surface. On 1/25/2013 we perforated and fracture treated the following: 6100-04, 6089-91, 6068-72 6020-25, 6007-10, 5931-38, 5882-92, 5868-76, 5824-28, 5792-5800, 5762-68, 5012-14, 4974-82, 4830-38, 4763-69, 4595-99, 4575-90, 4503-06, 4469-76, 4457-59 & 4428-30. Using Halliburton 8K Composite plugs for isolation, we then frac'd the following intervals:

6007-6104: 668 Bbls fluid cont 45,500#'s sand,
 5762-5938: 1,084 Bbls fluid cont 115,000#'s sand,
 4974-5014: 411 Bbls fluid cont 25,500#'s sand,
 4763-4838: 447 Bbls fluid cont 35,500#'s sand,
 4575-4599: 528 Bbls fluid cont 34,400#'s sand,
 4428-4506: 400 Bbls fluid cont 30,680#'s sand.

We frac'd using Delta 140 15# gelled fluid containing 20/40 Mesh Sand. We perforated using Titan 3-1/8" perf guns containing 22.7 gram charges, 0.42" EHD, 23.54" TTP @ 4 SPF @ 120* phased. All plugs were drilled out and cleaned out to 6400', PBTD. The well was swabbed until a good oil cut was seen. After running tubing and a pump, the well was put to pump on 2/13/2013.

NAME (PLEASE PRINT) Rodrigo Jurado	TITLE Regulatory Compliance Specialist
SIGNATURE	DATE 4-19-13

(This space for State use only)

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

AMENDED REPORT ☐ FORM 8
(highlight changes)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL:		OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input type="checkbox"/>	OTHER _____	5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3508
b. TYPE OF WORK:		NEW WELL <input checked="" type="checkbox"/>	HORIZ. LATS. <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	RE-ENTRY <input type="checkbox"/>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Indian Tribe
2. NAME OF OPERATOR:		Petroglyph Operating Company, Inc.				7. UNIT or CA AGREEMENT NAME 14-20-H62-4650
3. ADDRESS OF OPERATOR:		P.O. Box 607		CITY Roosevelt	STATE UT	8. WELL NAME and NUMBER: Ute Tribal 09-02
4. LOCATION OF WELL (FOOTAGES)		AT SURFACE: 666' FNL 2176' FEL		AT TOP PRODUCING INTERVAL REPORTED BELOW: 755' FNL 2342' FEL		9. API NUMBER: 4301351527
10 FIELD AND POOL, OR WILDCAT Antelope Creek		11. QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: NWNE 9 5S 3W U		12. COUNTY Duchesne		13. STATE UTAH
14. DATE SPUDDED: 11/29/2012	15. DATE T.D. REACHED: 12/6/2012	16. DATE COMPLETED: 2/6/2013		ABANDONED <input type="checkbox"/> READY TO PRODUCE <input checked="" type="checkbox"/>		17. ELEVATIONS (DF, RKB, RT, GL): 6077' RKB
18. TOTAL DEPTH: MD 6,500 TVD 6,495		19. PLUG BACK T.D.: MD 6,400 TVD 6,395		20. IF MULTIPLE COMPLETIONS, HOW MANY? *		21. DEPTH BRIDGE MD PLUG SET: TVD
22. TYPE ELECTRIC AND OTHER MECHANICAL LOGS RUN (Submit copy of each) SDDSN, Borehole Volume Plot, ACTR, Cement Bond Log					23. WAS WELL CORED? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (Submit analysis) WAS DST RUN? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (Submit report) DIRECTIONAL SURVEY? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> (Submit copy)	

24. CASING AND LINER RECORD (Report all strings set in well)

HOLE SIZE	SIZE/GRADE	WEIGHT (#/ft.)	TOP (MD)	BOTTOM (MD)	STAGE CEMENTER DEPTH	CEMENT TYPE & NO. OF SACKS	SLURRY VOLUME (BBL)	CEMENT TOP **	AMOUNT PULLED
20	16 J-55	75	0	54					Conductor
12.25	8.625 J-55	24	0	525		G 350	72	0	
7.875	5.5 J-55	15.5	0	6,484		G 1,000	308	0 CBL	

25. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
2.875	6,156							

26. PRODUCING INTERVALS

FORMATION NAME	TOP (MD)	BOTTOM (MD)	TOP (TVD)	BOTTOM (TVD)	INTERVAL (Top/Bot - MD)	SIZE	NO. HOLES	PERFORATION STATUS
(A) Green River	4,428	6,104	4,429	6,099	4,428 6,104	0.42	496	Open <input checked="" type="checkbox"/> Squeezed <input type="checkbox"/>
(B)								Open <input type="checkbox"/> Squeezed <input type="checkbox"/>
(C)								Open <input type="checkbox"/> Squeezed <input type="checkbox"/>
(D)								Open <input type="checkbox"/> Squeezed <input type="checkbox"/>

28. ACID, FRACTURE, TREATMENT, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND TYPE OF MATERIAL
4,428'-6,104'	3,038' Bbls of Delta 140 15# gelled fluid containing 286,580#'s of 20/40 Mesh Sand.

29. ENCLOSED ATTACHMENTS:

☒ ELECTRICAL/MECHANICAL LOGS ☐ GEOLOGIC REPORT ☐ DST REPORT ☒ DIRECTIONAL SURVEY
☐ SUNDRY NOTICE FOR PLUGGING AND CEMENT VERIFICATION ☐ CORE ANALYSIS ☒ OTHER: UDOGM Form 7

30. WELL STATUS:

POW

31. INITIAL PRODUCTION

INTERVAL A (As shown in item #26)

DATE FIRST PRODUCED: 2/9/2013	TEST DATE: 3/17/2013	HOURS TESTED: 24	TEST PRODUCTION RATES: →	OIL – BBL: 147	GAS – MCF: 79	WATER – BBL: 79	PROD. METHOD: Rod Pump
CHOKE SIZE: 32/64	TBG. PRESS. 140	CSG. PRESS. 154	API GRAVITY 39.40	BTU – GAS 1	GAS/OIL RATIO 537	24 HR PRODUCTION RATES: →	INTERVAL STATUS: Open

INTERVAL B (As shown in item #26)

DATE FIRST PRODUCED:	TEST DATE:	HOURS TESTED:	TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	INTERVAL STATUS:

INTERVAL C (As shown in item #26)

DATE FIRST PRODUCED:	TEST DATE:	HOURS TESTED:	TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	INTERVAL STATUS:

INTERVAL D (As shown in item #26)

DATE FIRST PRODUCED:	TEST DATE:	HOURS TESTED:	TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	INTERVAL STATUS:

32. DISPOSITION OF GAS (Sold, Used for Fuel, Vented, Etc.)

Used for Fuel

33. SUMMARY OF POROUS ZONES (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

34. FORMATION (Log) MARKERS:

Formation	Top (MD)	Bottom (MD)	Descriptions, Contents, etc.	Name	Top (Measured Depth)
				Mahogany	3,030
				Garden Gulch	3,750
				B Marker	4,144
				X Marker	4,634
				Y Marker	4,668
				Douglas Creek	4,782
				B Lime	5,169
				Castle Peak	5,735
				Basal Carbonate	6,131
				Wasatch	6,402

35. ADDITIONAL REMARKS (Include plugging procedure)

All Frac and Perf info is condensed. Please see NOI and Subsequent Frac Sundry for a detailed record.

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

NAME (PLEASE PRINT) Rodrigo JuradoTITLE Regulatory Compliance Spc.SIGNATURE DATE 5/2/2013

This report must be submitted within 30 days of


- completing or plugging a new well
- drilling horizontal laterals from an existing well bore
- recompleting to a different producing formation
- reentering a previously plugged and abandoned well
- significantly deepening an existing well bore below the previous bottom-hole depth
- drilling hydrocarbon exploratory holes, such as core samples and stratigraphic tests

* ITEM 20: Show the number of completions if production is measured separately from two or more formations.

** ITEM 24: Cement Top – Show how reported top(s) of cement were determined (circulated (CIR), calculated (CAL), cement bond log (CBL), temperature survey (TS)).

Send to: Utah Division of Oil, Gas and Mining
1594 West North Temple, Suite 1210
Box 145801
Salt Lake City, Utah 84114-5801

Phone: 801-538-5340
Fax: 801-359-3940

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING						FORM 3 AMENDED REPORT <input type="checkbox"/>				
APPLICATION FOR PERMIT TO DRILL						1. WELL NAME and NUMBER Ute Tribal 09-08				
2. TYPE OF WORK DRILL NEW WELL <input checked="" type="checkbox"/> REENTER P&A WELL <input type="checkbox"/> DEEPEN WELL <input type="checkbox"/>						3. FIELD OR WILDCAT ANTELOPE CREEK				
4. TYPE OF WELL Oil Well Coalbed Methane Well: NO						5. UNIT or COMMUNITIZATION AGREEMENT NAME ANTELOPE CREEK				
6. NAME OF OPERATOR PETROGLYPH OPERATING CO						7. OPERATOR PHONE 208 685-7674				
8. ADDRESS OF OPERATOR 960 Broadway Ave, Ste 500, Bosie, ID, 83703						9. OPERATOR E-MAIL bwest@pgei.com				
10. MINERAL LEASE NUMBER (FEDERAL, INDIAN, OR STATE) 14-20-H62-3508			11. MINERAL OWNERSHIP FEDERAL <input type="checkbox"/> INDIAN <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>			12. SURFACE OWNERSHIP FEDERAL <input type="checkbox"/> INDIAN <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>				
13. NAME OF SURFACE OWNER (if box 12 = 'fee')						14. SURFACE OWNER PHONE (if box 12 = 'fee')				
15. ADDRESS OF SURFACE OWNER (if box 12 = 'fee')						16. SURFACE OWNER E-MAIL (if box 12 = 'fee')				
17. INDIAN ALLOTTEE OR TRIBE NAME (if box 12 = 'INDIAN') Ute Indian Tribe			18. INTEND TO COMMINGLE PRODUCTION FROM MULTIPLE FORMATIONS YES <input type="checkbox"/> (Submit Commingling Application) NO <input checked="" type="checkbox"/>			19. SLANT VERTICAL <input checked="" type="checkbox"/> DIRECTIONAL <input type="checkbox"/> HORIZONTAL <input type="checkbox"/>				
20. LOCATION OF WELL	FOOTAGES		QTR-QTR	SECTION	TOWNSHIP	RANGE	MERIDIAN			
LOCATION AT SURFACE	1823 FNL 773 FEL		SENE	9	5.0 S	3.0 W	U			
Top of Uppermost Producing Zone	1823 FNL 773 FEL		SENE	9	5.0 S	3.0 W	U			
At Total Depth	1823 FNL 773 FEL		SENE	9	5.0 S	3.0 W	U			
21. COUNTY DUCHESNE			22. DISTANCE TO NEAREST LEASE LINE (Feet) 773		23. NUMBER OF ACRES IN DRILLING UNIT 640					
25. DISTANCE TO NEAREST WELL IN SAME POOL (Approved For Drilling or Completed) 1091			26. PROPOSED DEPTH MD: 6078 TVD: 6078							
27. ELEVATION - GROUND LEVEL 6038			28. BOND NUMBER LP4138153		29. SOURCE OF DRILLING WATER / WATER RIGHTS APPROVAL NUMBER IF APPLICABLE 43-8342					
Hole, Casing, and Cement Information										
String	Hole Size	Casing Size	Length	Weight	Grade & Thread	Max Mud Wt.	Cement	Sacks	Yield	Weight
Cond	20	14	0 - 55	5.0	Unknown	10.0	Class G	25	1.17	15.8
Surf	12.25	8.625	0 - 495	24.0	J-55 ST&C	10.0	Class G	227	1.17	15.8
Prod	7.875	5.5	0 - 6078	15.5	J-55 LT&C	10.0	Class G	484	1.92	12.5
							Class G	302	1.46	13.4
ATTACHMENTS										
VERIFY THE FOLLOWING ARE ATTACHED IN ACCORDANCE WITH THE UTAH OIL AND GAS CONSERVATION GENERAL RULES										
<input checked="" type="checkbox"/> WELL PLAT OR MAP PREPARED BY LICENSED SURVEYOR OR ENGINEER					<input checked="" type="checkbox"/> COMPLETE DRILLING PLAN					
<input type="checkbox"/> AFFIDAVIT OF STATUS OF SURFACE OWNER AGREEMENT (IF FEE SURFACE)					<input type="checkbox"/> FORM 5. IF OPERATOR IS OTHER THAN THE LEASE OWNER					
<input type="checkbox"/> DIRECTIONAL SURVEY PLAN (IF DIRECTIONALLY OR HORIZONTALLY DRILLED)					<input checked="" type="checkbox"/> TOPOGRAPHICAL MAP					
NAME Ed Trotter				TITLE Agent			PHONE 435 789-4120			
SIGNATURE				DATE 07/02/2012			EMAIL edtrotter@easilink.com			
API NUMBER ASSIGNED 43013515250000				APPROVAL  Permit Manager						

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3508
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute In
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500, Bosie, ID, 83703		8. WELL NAME and NUMBER: UTE TRIBAL 09-08
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1823 FNL 0773 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: SENE Section: 09 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013515250000
9. FIELD and POOL or WILDCAT: ANTELOPE CREEK		COUNTY: DUCHESNE
STATE: UTAH		

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input style="width: 100px;" type="text"/>
<input checked="" type="checkbox"/> SPUD REPORT Date of Spud: 12/13/2012			
<input type="checkbox"/> DRILLING REPORT Report Date:			

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.
 This well was spud on 12/13/2012. We set 40' of 16" Conductor.

Accepted by the
 Utah Division of
 Oil, Gas and Mining
FOR RECORD ONLY
 December 19, 2012

NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc
SIGNATURE N/A	DATE 12/19/2012	

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9																														
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11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA																																
TYPE OF SUBMISSION <input checked="" type="checkbox"/> NOTICE OF INTENT Approximate date work will start: 1/30/2013 <input type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: <input type="checkbox"/> SPUD REPORT Date of Spud: <input type="checkbox"/> DRILLING REPORT Report Date:	TYPE OF ACTION <table style="width: 100%;"> <tr> <td><input type="checkbox"/> ACIDIZE</td> <td><input type="checkbox"/> ALTER CASING</td> <td><input type="checkbox"/> CASING REPAIR</td> </tr> <tr> <td><input type="checkbox"/> CHANGE TO PREVIOUS PLANS</td> <td><input type="checkbox"/> CHANGE TUBING</td> <td><input type="checkbox"/> CHANGE WELL NAME</td> </tr> <tr> <td><input type="checkbox"/> CHANGE WELL STATUS</td> <td><input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS</td> <td><input type="checkbox"/> CONVERT WELL TYPE</td> </tr> <tr> <td><input type="checkbox"/> DEEPEN</td> <td><input checked="" type="checkbox"/> FRACTURE TREAT</td> <td><input type="checkbox"/> NEW CONSTRUCTION</td> </tr> <tr> <td><input type="checkbox"/> OPERATOR CHANGE</td> <td><input type="checkbox"/> PLUG AND ABANDON</td> <td><input type="checkbox"/> PLUG BACK</td> </tr> <tr> <td><input type="checkbox"/> PRODUCTION START OR RESUME</td> <td><input type="checkbox"/> RECLAMATION OF WELL SITE</td> <td><input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION</td> </tr> <tr> <td><input type="checkbox"/> REPERFORATE CURRENT FORMATION</td> <td><input type="checkbox"/> SIDETRACK TO REPAIR WELL</td> <td><input type="checkbox"/> TEMPORARY ABANDON</td> </tr> <tr> <td><input type="checkbox"/> TUBING REPAIR</td> <td><input type="checkbox"/> VENT OR FLARE</td> <td><input type="checkbox"/> WATER DISPOSAL</td> </tr> <tr> <td><input type="checkbox"/> WATER SHUTOFF</td> <td><input type="checkbox"/> SI TA STATUS EXTENSION</td> <td><input type="checkbox"/> APD EXTENSION</td> </tr> <tr> <td><input type="checkbox"/> WILDCAT WELL DETERMINATION</td> <td><input type="checkbox"/> OTHER</td> <td>OTHER: <input style="width: 100px;" type="text"/></td> </tr> </table>		<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> DEEPEN	<input checked="" type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> PRODUCTION START OR RESUME	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION	<input type="checkbox"/> REPERFORATE CURRENT FORMATION	<input type="checkbox"/> SIDETRACK TO REPAIR WELL	<input type="checkbox"/> TEMPORARY ABANDON	<input type="checkbox"/> TUBING REPAIR	<input type="checkbox"/> VENT OR FLARE	<input type="checkbox"/> WATER DISPOSAL	<input type="checkbox"/> WATER SHUTOFF	<input type="checkbox"/> SI TA STATUS EXTENSION	<input type="checkbox"/> APD EXTENSION	<input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> OTHER	OTHER: <input style="width: 100px;" type="text"/>
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12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc. On or around 1/30/2013, depending on equipment availability, Petroglyph Operating intends to perforate and fracture treat the following: 4455-59, 4519-26, 4528-38, 4557-68, 4576-87, 4824-26, 4965-69, 5058-66, 5098-5100, 5115-26, 5270-78, 5282-86, 5685-91 & 5768-74. All perforations will be made using Titan 3-1/8" perf guns containing 22.7 gram charges, 0.42" EHD, 23.54" TTP @ 4 spf @ 120* phased. We will frac using Delta 140 15# gelled fluid containing 20/40 mesh sand, volumes and amounts will be reported at a later date.																																
NAME (PLEASE PRINT) Rodrigo Jurado		PHONE NUMBER 435 722-5302																														
SIGNATURE N/A		DATE 1/16/2013																														

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3508
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute In
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500 , Boise, ID, 83703		8. WELL NAME and NUMBER: UTE TRIBAL 09-08
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STATE: UTAH		
11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE	
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 2/9/2013	<input type="checkbox"/> ALTER CASING	
<input type="checkbox"/> SPUD REPORT Date of Spud:	<input type="checkbox"/> CASING REPAIR	
<input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	
	<input type="checkbox"/> CHANGE TUBING	
	<input type="checkbox"/> CHANGE WELL STATUS	
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	
	<input type="checkbox"/> CONVERT WELL TYPE	
	<input type="checkbox"/> DEEPEN	
	<input type="checkbox"/> FRACTURE TREAT	
	<input type="checkbox"/> NEW CONSTRUCTION	
	<input type="checkbox"/> OPERATOR CHANGE	
	<input type="checkbox"/> PLUG AND ABANDON	
	<input type="checkbox"/> PLUG BACK	
	<input checked="" type="checkbox"/> PRODUCTION START OR RESUME	
	<input type="checkbox"/> RECLAMATION OF WELL SITE	
	<input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION	
	<input type="checkbox"/> REPERFORATE CURRENT FORMATION	
	<input type="checkbox"/> SIDETRACK TO REPAIR WELL	
	<input type="checkbox"/> TEMPORARY ABANDON	
	<input type="checkbox"/> TUBING REPAIR	
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	<input type="checkbox"/> WATER SHUTOFF	
	<input type="checkbox"/> SI TA STATUS EXTENSION	
	<input type="checkbox"/> WILDCAT WELL DETERMINATION	
	<input type="checkbox"/> OTHER: <input style="width: 100px;" type="text"/>	
12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc. The date of first production for this well was 2/9/13.		
Accepted by the Utah Division of Oil, Gas and Mining FOR RECORD ONLY February 21, 2013		
NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc
SIGNATURE N/A	DATE 2/14/2013	

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3508
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute In
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500 , Boise, ID, 83703		8. WELL NAME and NUMBER: UTE TRIBAL 09-08
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1823 FNL 0773 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: SENE Section: 09 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013515250000
9. FIELD and POOL or WILDCAT: ANTELOPE CREEK		COUNTY: DUCHESNE
STATE: UTAH		

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input style="width: 100px;" type="text"/>
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 2/15/2013			
<input type="checkbox"/> SPUD REPORT Date of Spud:			
<input type="checkbox"/> DRILLING REPORT Report Date:			

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.
 Please see the attached form.

Accepted by the
 Utah Division of
 Oil, Gas and Mining
FOR RECORD ONLY
 May 01, 2013

NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc
SIGNATURE N/A	DATE 4/22/2013	

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals

1. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER _____		5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3508
2. NAME OF OPERATOR: Petroglyph Operating Company Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute Indian Tribe
3. ADDRESS OF OPERATOR: P.O. Box 607 CITY Roosevelt STATE UT ZIP 84066		7. UNIT or CA AGREEMENT NAME: 14-20-H62-4650
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1823' FNL, 773' FEL		8. WELL NAME and NUMBER: Ute Tribal 09-08
PHONE NUMBER: (435) 722-2531		9. API NUMBER: 4301351525
QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: SENE 9 5S 3W U		10. FIELD AND POOL, OR WILDCAT: Antelope Creek

COUNTY: Duchesne

STATE: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA


TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING	<input checked="" type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
<input checked="" type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: 2/15/2013	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

On 1/30/2013 Petroglyph Operating ran GR/CBL and found ETOC @ 156'. On 1/31/2013 we perforated and fracture treated the following: 5768-74, 5685-91, 5282-86, 5270-78, 5115-26, 5098-5100, 5058-66, 496-69, 4844-28, 4576-87, 4557-68, 4528-38, 4519-26 & 4455-59. Using Halliburton 8K Composite plugs for isolation, we then frac'd the following intervals:

5685-5774: 434 Bbls fluid cont 30,200#'s sand,
5270-5286: 418 Bbls fluid cont 116,900#'s sand,
5058-5100: 600 Bbls fluid cont 41,100#'s sand,
4844-4969: 397 Bbls fluid cont 24,900#'s sand,
4455-4587: 996 Bbls fluid cont 108,920#'s sand.

We frac'd using Delta 140 15# gelled fluid containing 20/40 Mesh Sand. We perforated using Titan 3-1/8" perf guns containing 22.7 gram charges, 0.42" EHD, 23.54" TTP @ 4 SPF @ 120* phased. All plugs were drilled out and cleaned out to 6445', PBTD. The well was swabbed until a good oil cut was seen. After running tubing and a pump, the well was put to pump on 2/15/2013.

NAME (PLEASE PRINT) <u>Rodrigo Jurado</u>	TITLE <u>Regulatory Compliance Specialist</u>
SIGNATURE 	DATE <u>4-19-13</u>

(This space for State use only)

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MININGAMENDED REPORT ☐ FORM 8
(highlight changes)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG						5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3508			
						6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Indian Tribe			
1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____						7. UNIT or CA AGREEMENT NAME 14-20-H62-4650			
b. TYPE OF WORK: NEW WELL <input checked="" type="checkbox"/> HORIZ. LATS. <input type="checkbox"/> DEEP-EN <input type="checkbox"/> RE-ENTRY <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER _____						8. WELL NAME and NUMBER: Ute Tribal 09-08			
2. NAME OF OPERATOR: Petroglyph Operating Company, Inc.						9. API NUMBER: 4301351525			
3. ADDRESS OF OPERATOR: P.O. Box 607 CITY Roosevelt STATE UT ZIP 84066					PHONE NUMBER: (435) 722-2531	10 FIELD AND POOL, OR WILDCAT Antelope Creek			
4. LOCATION OF WELL (FOOTAGES) AT SURFACE: 1823' FNL 773' FEL AT TOP PRODUCING INTERVAL REPORTED BELOW: 2024' FNL 581' FEL AT TOTAL DEPTH: 2056' FNL 578' FEL						11. QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: SENE 9 5S 3W U			
						12. COUNTY Duchesne		13. STATE UTAH	
14. DATE SPUDDED: 12/13/2012		15. DATE T.D. REACHED: 12/20/2012		16. DATE COMPLETED: 2/9/2013		ABANDONED <input type="checkbox"/> READY TO PRODUCE <input checked="" type="checkbox"/>		17. ELEVATIONS (DF, RKB, RT, GL): 6052	
18. TOTAL DEPTH: MD 6,500 TVD 6,488		19. PLUG BACK T.D.: MD 6,445 TVD 6,432		20. IF MULTIPLE COMPLETIONS, HOW MANY? *		21. DEPTH BRIDGE MD PLUG SET: TVD			
22. TYPE ELECTRIC AND OTHER MECHANICAL LOGS RUN (Submit copy of each) ACTR, Borehole Volume Plot, SDDSN, Cement Bond Log						23.			
						WAS WELL CORED? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (Submit analysis) WAS DST RUN? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (Submit report) DIRECTIONAL SURVEY? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> (Submit copy)			
24. CASING AND LINER RECORD (Report all strings set in well)									
HOLE SIZE	SIZE/GRADE	WEIGHT (#/ft.)	TOP (MD)	BOTTOM (MD)	STAGE CEMENTER DEPTH	CEMENT TYPE & NO. OF SACKS	SLURRY VOLUME (BBL)	CEMENT TOP **	AMOUNT PULLED
20	16 J-55	75	0	54					Conductor
12.25	8.625 J-55	24	0	515		G 300	61	0	
7.875	5.5 J-55	15.5	0	6,490		G 855	261	156	
25. TUBING RECORD									
SIZE	DEPTH SET (MD)	PACKER SET (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2.875	6,269								
26. PRODUCING INTERVALS					27. PERFORATION RECORD				
FORMATION NAME	TOP (MD)	BOTTOM (MD)	TOP (TVD)	BOTTOM (TVD)	INTERVAL (Top/Bot - MD)	SIZE	NO. HOLES	PERFORATION STATUS	
(A) Green River	4,455	5,774	4,444	5,762	4,455 5,774	0.42	384	Open <input checked="" type="checkbox"/>	Squeezed <input type="checkbox"/>
(B)								Open <input type="checkbox"/>	Squeezed <input type="checkbox"/>
(C)								Open <input type="checkbox"/>	Squeezed <input type="checkbox"/>
(D)								Open <input type="checkbox"/>	Squeezed <input type="checkbox"/>
28. ACID, FRACTURE, TREATMENT, CEMENT SQUEEZE, ETC.									
DEPTH INTERVAL		AMOUNT AND TYPE OF MATERIAL							
4,455'-5,774'		2,845 Bbls of Delta 140 15# gelled fluid containing 322,020#'s of 20/40 Mesh Sand							
29. ENCLOSED ATTACHMENTS:								30. WELL STATUS:	
<input checked="" type="checkbox"/> ELECTRICAL/MECHANICAL LOGS <input type="checkbox"/> SUNDRY NOTICE FOR PLUGGING AND CEMENT VERIFICATION				<input type="checkbox"/> GEOLOGIC REPORT <input type="checkbox"/> CORE ANALYSIS		<input type="checkbox"/> DST REPORT <input checked="" type="checkbox"/> OTHER: <u>UDOGM Form 7</u>		POW	

31. INITIAL PRODUCTION

INTERVAL A (As shown in item #26)

DATE FIRST PRODUCED: 2/9/2013		TEST DATE: 3/12/2013		HOURS TESTED: 24		TEST PRODUCTION RATES: →	OIL – BBL: 80	GAS – MCF: 102	WATER – BBL: 83	PROD. METHOD: Rod Pump
CHOKE SIZE: 32/64	TBG. PRESS. 150	CSG. PRESS. 174	API GRAVITY 39.40	BTU – GAS 1	GAS/OIL RATIO 1,275	24 HR PRODUCTION RATES: →	OIL – BBL: 80	GAS – MCF: 102	WATER – BBL: 83	INTERVAL STATUS: Open

INTERVAL B (As shown in item #26)

DATE FIRST PRODUCED:		TEST DATE:		HOURS TESTED:		TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	INTERVAL STATUS:

INTERVAL C (As shown in item #26)

DATE FIRST PRODUCED:		TEST DATE:		HOURS TESTED:		TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	INTERVAL STATUS:

INTERVAL D (As shown in item #26)

DATE FIRST PRODUCED:		TEST DATE:		HOURS TESTED:		TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	INTERVAL STATUS:

32. DISPOSITION OF GAS (Sold, Used for Fuel, Vented, Etc.)

Used for Fuel

33. SUMMARY OF POROUS ZONES (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

34. FORMATION (Log) MARKERS:

Formation	Top (MD)	Bottom (MD)	Descriptions, Contents, etc.	Name	Top (Measured Depth)
				Mahogany	3,010
				Garden Gulch	3,736
				B Marker	4,129
				X Marker	4,624
				Y Marker	4,660
				Douglas Creek	4,771
				B Lime	5,168
				Castle Peak	5,710
				Basal Carbonate	6,104
				Wasatch	6,377

35. ADDITIONAL REMARKS (Include plugging procedure)

All Frac and Perf info is condensed. Please see NOI and Subsequent Frac Sundry for a detailed record.

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

NAME (PLEASE PRINT) Rodrigo JuradoTITLE Regulatory Compliance SpecialistSIGNATURE DATE 5/2/2013

This report must be submitted within 30 days of

- completing or plugging a new well
- drilling horizontal laterals from an existing well bore
- recompleting to a different producing formation
- reentering a previously plugged and abandoned well
- significantly deepening an existing well bore below the previous bottom-hole depth
- drilling hydrocarbon exploratory holes, such as core samples and stratigraphic tests

* ITEM 20: Show the number of completions if production is measured separately from two or more formations.

** ITEM 24: Cement Top – Show how reported top(s) of cement were determined (circulated (CIR), calculated (CAL), cement bond log (CBL), temperature survey (TS)).

Send to: Utah Division of Oil, Gas and Mining
1594 West North Temple, Suite 1210
Box 145801
Salt Lake City, Utah 84114-5801

Phone: 801-538-5340

Fax: 801-359-3940